



REQUEST FOR EXCEPTION

Name of Facility exactly as stated on the license or certificate			License/Certificate #
Street Address of Facility	City	Zip Code + 4	County

An exception to a Regulation may be allowed by the department if:

- (1) The applicant requests an exception from the department; and
- (2) The exception is determined to be in the best interests of the child or youth or their families.

If you wish to request an exception to a regulation, please fill in all of the following information and **return to your local Child Care Facility Surveyor**. **Do NOT send this request directly to KDHE. Incomplete requests or requests not reviewed by the local child care facility surveyor will be returned.**

Please Print Clearly or Type.

I request an exception to the following regulation: K.A.R. 28-4-_____.
(Must be completed)

I request an exception to (describe fully and include an explanation of why this exception is necessary):

Requested Effective Date (may not be prior to the date received by KDHE): (MM/DD/YYYY) _____
Requested Ending Date: (MM/DD/YYYY) _____

If request is to exceed license capacity, you must complete and attach KDHE form CCL 205.

How is the request in the best interests of the child(ren) or youth?

If this exception is granted, how will you assure the health, safety and well-being of children or youth in the program?

I attest, under the penalty of perjury, that the information on this form is true and correct.

Signature of Authorized Person	Date Completed	Phone # ()	Email Address
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MUST BE COMPLETED BY THE LOCAL CHILD CARE FACILITY SURVEYOR:

Child Care Facility Surveyor Recommendation:

Approve: _____

Disapprove: _____

Why?

If recommending approval to exceed license capacity, have you thoroughly reviewed the attached form of enrollment, CCL 205?
Yes _____ No _____

Other Comments:

Signature of Surveyor	Date (MM/DD/YYYY)	County
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MUST BE COMPLETED BY KDHE ADMINISTRATIVE STAFF

Request Returned for the Following Reason:

_____ Form was submitted to KDHE without local surveyor review. .
_____ Incomplete information.
_____ Other (describe):

Request Granted. A review of this Request for Exception and the facility's compliance history has been completed. Based on this review the request is granted.

Effective Date: (MM/DD/YYYY) _____

Expiration Date: (MM/DD/YYYY) _____

Any Additional Conditions:

KDHE Authorized Signature	Date (MM/DD/YYYY)
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Request Denied for the Following Reason:

_____ Granting the request is not in the best interest of children or youth.
_____ Granting the request violates Kansas statutes.
_____ Facility has a history of noncompliance.
_____ Prior exceptions have been granted.
_____ Other (describe):

KDHE Authorized Signature	Date (MM/DD/YYYY)
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